York County Route 17 Property Improvement Grant Program Application

(Applications will be accepted on a rolling basis beginning April 5, 2004)

Applicant (owner consent form required if you are a tenant)

Business:		
Business address:		
Contact person:		
Phone:	Email:	
Property Owner:		
Property Owner Home Address:		
Phone:		
Contractor if applicable		
Contractor Name:		
Address:		
Phone:	_	
Design Professional if applicable		
Design Professional Name:		
Address:		
Phone:		
Project Cost		
Estimated Cost of Improvements:(Must include two individual quotes for each project)		
Amount of Grant Funds Requested:		

Please attach to this application:

- Written summary of the proposed work;
- Photographs clearly showing existing conditions to be improved upon;
- Design plan for applicable improvement(s);
- Exact samples of any paint or colors to be used
- Two (2) individual quotes for each project

York County Route 17 Property Improvement Grant Program Owner's Consent Form

(To be completed if applicant is tenant)

I,	, c	ertify that I own the property
located at		in York County, Virginia
and that I have reviewed the	e application for the York C	ounty Route 17 Property
Improvement Grant Progran	n submitted by	
and that I fully support this	application. I further certify	that this person or business holds
valid lease of years with an expiration date of		
Signature		-
Print Name		-
		-
Mailing Address		-
Phone		-